| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |                                 |   |                |            |                   |          |                     | Application or Docket Number      |         |                     |               |
|--|--|---------------------------------|---|----------------|------------|-------------------|----------|---------------------|-----------------------------------|---------|---------------------|---------------|
|  |  |                                 |   |                |            |                   |          |                     | 101567203                         |         |                     |               |
| CLAIMS AS FILED - PART I   |  |                                 |   |                |            |                   |          | SMALL EN            | ПТҮ                               |         | OTHER THAN          |               |
|  |  |                                 | (Columi                                 | (              | (Column 2) |                   | TYPE     |                     | OR                                | SMALL E | NTITY               |               |
| U.S. NATIONAL STAGE FEES   |  |                                 |   |                |            |                   |          | RATE                | FEE                               |         | RATE                | FEE           |
| BASIC FEE  |  |                                 |   |                |            |                   | 1        | BASIC FEE           |                                   | OR      | BASIC FEE           | 300           |
| EXAMINATION FEE  |  |                                 |   |                |            |                   | 1        | EXAM. FEE           |                                   |         | EXAM. FEE           | 200           |
| SEARCH FEE   |  |                                 |   |                |            |                   | 1        | SEARCH FEE          |                                   |         | SEARCH FEE          | 400           |
| FEE FOR EXTRA SPEC. PGS.   |  |                                 | minus 100 =                             |                | / 50 =     |                   | 1        | X \$ 125 =          |                                   |         | X \$ 250 =          | /-            |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | / 6 mir                                 | nus 20 =       | •          |                   | 1        | X \$ 25 =           |                                   | OR      | X \$ 50 =           |               |
| INDEPENDENT CLAIMS   |  |                                 | / m                                     | inus 3 =       |            |                   | 1        | X \$ 100 =          |                                   | OR      | X \$ 200 =          |               |
| MULTIPLE DEPENDENT CLAIM PRE   |  |                                 | ESENT                                   |                |            |                   | 1        | + \$ 180 =          |                                   | OR      | + \$ 360 =          |               |
| * If   | the difference                                 | in column 1 is                  | less than zero                          | , enter °(     | O" in co   | lumn 2            |          | TOTAL               |                                   | OR      | TOTAL               | 967)          |
| <u> </u>   |  |                                 |   |                |            |                   |          |                     |                                   |         |                     | ,             |
|  | '  | (Column 1)                      | AMENDED - PART II (Column 2) (Column 3) |                |            |                   |          | SMALL E             | OTHER THAN ENTITY OR SMALL ENTITY |         |                     |               |
| AMENDMENT A  | CLAIMS<br>REMAINING                            |                                 | HIGH                                    |                | EST        | PRESENT           | 7 [      |                     | ADDI-                             |         |                     | ADDI-         |
|  |  | AFTER<br>AMENDMENT              |   | PREVIO         | OUSLY      | EXTRA             |          | RATE                | TIONAL<br>FEE                     |         | RATE                | TIONAL<br>FEE |
|  | Total  | CANA                            | Minus                                   | **             |            | =                 | 1 [      | X \$ 25 =           |                                   | OR      | X \$ 50 =           | /             |
|  | Independent                                    | אייו ויוני.                     | Minus                                   | ***            |            | =                 | 1 [      | X \$ 100 =          |                                   | OR      | X \$ 200 =          |               |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |   |                |            |                   | 1        | + \$ 180 =          |                                   | OR      | + \$ 360 =          | /             |
|  |  |                                 |   |                |            |                   |          |                     |                                   |         | TOTAL ADDIT.        | /             |
|  |  | (Column 1)                      |   | (Colur         | 2\         | (Oak              |          |                     |                                   |         | ·                   |               |
|  |  | CLAIMS                          |   | HIGH           | EST        | (Column 3)        | 7 [      |                     | ADDI-                             | ſ       |                     | ADDI-         |
| 8  |  | REMAINING<br>AFTER<br>AMENDMENT |   | PREVIO<br>PAID | DUSLY      | PRESENT<br>EXTRA  |          | RATE                | TIONAL<br>FEE                     | j       | RATE                | TIONAL<br>FEE |
|  | Total  | *                               | Minus                                   | 44             |            | =                 | 1 [      | X \$ 25 =           |                                   | OR      | X \$ 50 =           |               |
|  | Independent                                    | •                               | Minus                                   | ***            |            | =                 |          | X \$ 100 =          |                                   | OR      | X \$ 200 =          |               |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |   |                |            |                   | ] [      | + \$ 180 =          |                                   | OR      | + \$ 360 =          |               |
|  |  |                                 |   |                |            |                   |          | TOTAL ADDIT.<br>FFF |                                   | OR      | TOTAL ADDIT.<br>FFF |               |
|  |  |                                 |   |                |            |                   |          |                     |                                   |         |                     |               |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20",  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". |  |                                 |   |                |            |                   |          |                     |                                   |         |                     |               |
|  |  |                                 |   |                |            |                   |          |                     |                                   |         |                     |               |
|  | The "Highest Nun                               | nber Previously Paid            | For (Total or Ind                       | ependent) i    | s the higi | hest number found | d in the | e appropriate box   | in column 1                       | ١.      |                     |               |